



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance
ELECTION DEPT.
SOMERVILLE, MA

Fill in Reporting Period dates:

Beginning Date:

8-28-2011

Ending Date:

10-21-2011

Type of Report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Dennis Michael Sullivan
Candidate Full Name (if applicable)
Alderman-at-Large
Office Sought and District
138 Ten Hills Road, Somerville MA 02145-1033
Residential Address
Telephone Number (optional): (617) 628-1857

CTE Dennis Michael Sullivan
Committee Name
Hanoria Sullivan
Name of Committee Treasurer
138 Ten Hills Road, Somerville MA 02145-1033
Committee Mailing Address
Telephone Number (optional): (617) 628-1857

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	2,495.37
Line 2: Total receipts this period (page 3, line 11)	100
Line 3: Subtotal (line 1 plus line 2)	2,595.37
Line 4: Total expenditures this period (page 5, line 14)	1,615.37
Line 5: Ending Balance (line 3 minus line 4)	980
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	SOMERVILLE MUNICIPAL FEDERAL CREDIT UNION

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Hanoria Sullivan

(Treasurer's signature)

Date: 10-30-2011

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Dennis Michael Sullivan

(Candidate's signature)

Date: 10-30-2011

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Oct 21, 2011	Christos Poudihitas 147 Willow Ave, Somerville MA 02144	100	
Line 9: Total Receipts over \$50 (or listed above)		100	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		100	

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

(CTE Dennis M. Sullivan)
Filed 10/31/11

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Sep 9, 2011	Somerville Chamber of Commerce	2 Alpine Street Somerville, MA	Sponsorship of a hole at annual chamber of commerce golf tournament	100
10-19-2011	Murdock Mailing Company	65 Sprague Street Hyde Park, MA	Mailing Costs for 7,500 pieces of campaign literature	1,465.37
Oct 21, 2011	East Somerville Main Streets	114 Broadway (Suite 12) Somerville MA	"Foodie Crawl" sponsorship which included 1 ad in "Foodie Crawl" map.	50
Line 12: Total Expenditures over \$50 (or listed above)				1,615.37
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1,615.37

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

(CTE Dennis M. Sullivan) FILED 10/31/11

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

- NONE -

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together, from the committee's records, and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contributor has given an aggregate amount of \$200 or more in a calendar year, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

- NONE -

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7			Line 18: OUTSTANDING LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name, CPF ID# and a page number on each page.

(CTE Dennis M. Sullivan) Filed 10/31/11